

DIAMOND PHARMACY SERVICES EMERGENCY PRESCRIPTION REQUEST

STAT

Facility Name:		Date
Person Completing Form:		Time AM PM
Signat 1. Complete ALL sections legibly and sign 2. Fax to the toll-free DIAMOND BACK this will delay the process.	where indicated. Incomplete fields may	delay the processing of this order. FAX WITH YOUR REGULAR ORDERS,
Have you verified that the medications are not a Are all of these medications deemed necessary Are all these medications ordered on the Formulf medication is Non-Formulary, hs it been approximately.	by the prescriber to be started immediately? Ilary for your facility?	
** PLEASE NOTE THAT SCHEDULE II NARCOTICS O WRITTEN PRESCRIPTION THAT CAN BE GIVEN TO MUST BE FILLED FOR THE FULL QUANTITY WRITT	THE DISPENSING PHARMACY AT THE TIME OF D	
RX Last Name	DOB:	
First Name: MI:	ID Number:	_
Allergies:		
Prescriber:	DEA#	_
Amount to be filled by BACKUP	Amount to be filled by DIAMON	ID RELEASE MEDS
# of Days OR #of Pills	# of Days OR #of Pills	YES NO
PHARMA	CY ONLNE BILLING INFO	RMATION:
Group Code: PBM:		PCN# <u>008126</u> Person Code: <u>01</u>
Patient ID: Use the Patient No.above. If patient N		patient's date of birth.
If you are unable to proces a claim, please call Me Hours: Monday-Friday 8am=9p, If you receive a rejection, please call Diamond Phe Linda Heidenthal EXT 1022 - Customer Service EXT 2100 M If a rejection occurs after 7:30 pm EST M-F or after RX NO. ON EXT 1016. Diamond requests that the next business day. If you have any questions, please.	CST Saturdays 9am-6pm CST armacy Services at 1-800-882-6337 M-F 6am-4pm EST Jim Hamm -F 8am-5pm, Sat 8am-3pm EXT 2107 - 5pm to er 4:30pm EST Sat, or anytime on Sunday, please the pharmacy please release the medication and we	11pm M-Sat call 1-800-882-6337, and leave the ve will make it payayable the
Date and Time Recvd: / /	@ am/pm Date and T	
Reviewd by Diamond RPh:	F	RPh 1-800-882-6337 EXT:
Backup Pharmacy: Pharmacy Address:	Fax Phone	
Cab Called: VES NO @	DISPATCHER:	DISPATCH TIME: